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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Syrian Arab Republic
Support for a comprehensive population programme

Proposed UNFPA assistance:	$18 million, of which $13 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources and cost sharing with the Government of the Syrian Arab Republic, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	$1.3 million under cost-sharing in local currency and $33.5 million in kind
Duration:	Five years
Estimated starting date:	January 1996
Executing agencies:	Government of the Syrian Arab Republic United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	State Planning Commission

Demographic facts

Population (000)	
Total	14,661
Males	7,394
Females	7,268
Sex ratio (/100 females)	101.7
Urban	7,676
Rural	6,985
Per cent urban	52.4
Population in year 2000 (000)	17,329
Functional age groups (%)	
Young child: 0-4	18.1
Child: 5-14	29.2
Youth: 15-24	19.9
Elderly: 60+	4.4
65+	2.8
Percentage of women aged 15-49	44.4
Median age (years)	16.2
Dependency ratios: total	103.5
(/100) Aged 0-14	98.1
Aged 65+	5.4
Agricultural population density (/hectare of arable land)	0.5
Population density (/sq. km.)	79.0

Average annual change (000)	
Population increase	544
Births	623
Deaths	79
Net migration	0
Annual population total (% growth)	3.3
Urban	4.3
Rural	2.3
Crude birth rate (/1000)	38.9
Crude death rate (/1000)	5.0
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.4
Contraceptive prevalence rate (% 15-44)	20
Gross reproduction rate (/woman)	2.6
Net reproduction rate (/woman)	2.5
Infant mortality rate (/1000)	32.7
Maternal mortality rate (/100,000)	140
Life expectancy at birth (years)	
Males	66.7
Females	71.2
Both sexes	68.9
GNP per capita (U.S. dollars, 1991)	1,150

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita: World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995, figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from The State of World's Children. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance in the amount of $18.0 million, of which $13.0 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1996, to assist the Government of the Syrian Arab Republic in achieving its population and development objectives. The proposed five-year programme, UNFPA's fifth cycle of assistance for the Syrian Arab Republic, is harmonized with and complemented by the programmes of UNICEF (1996-2000), the World Health Organization (WHO) (1996-1997), and the World Food Programme's new project cycle (1996-1997). It coincides with the Government's eighth five-year National Development Plan (1996-2000). It had been agreed that the programme would also be harmonized with UNDP's five-year country programme, but UNDP has decided recently to start its new programme in 1997.

2. The proposed five-year programme is based on the population and development objectives of the Syrian Arab Republic, the Country Strategy Note, which accorded population issues high priority; the national report submitted to the International Conference on Population and Development (ICPD), the draft eighth five-year development plan, and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited the Syrian Arab Republic in May/June 1995. It takes into account the extent of external assistance that is likely to be forthcoming from such other donors as the European Union. Extensive discussions took place with representatives of the State Planning Commission and other government institutions involved in planning priorities and strategies in the field of population, United Nations agencies and organizations resident in the country; and NGOs active in the population area.

3. The overall objective of the proposed programme is to assist the Syrian Arab Republic in achieving its goal of sustainable human development, both social and economic. The Government of the Syrian Arab Republic believes that addressing the wide range of reproductive health needs of its people in a sustainable manner would realize further reductions in maternal morbidity and mortality rates; infant and child morbidity and mortality rates, and fertility rates. The Government also believes that this would contribute to gender equity and equality and the empowerment of women, and to the awareness and prevention of sexually transmitted diseases (STDs), including HIV/AIDS. This is in addition to addressing the issues of disparities between rural and urban populations, poverty reduction, particularly among women, and environmental concerns. Accordingly, the programme would support the Government's efforts in three areas: (a) reproductive health, including family planning and sexual health (hereafter referred to as reproductive health), (b) advocacy, and (c) population and development strategies. Gender equity and equality and the empowerment of women as well as the needs of youth and men will be addressed in each of these three thematic areas.

4. Emphasis would be placed on national execution by the Government and national NGOs. UNFPA would execute specific components of the programme areas such as the provision of international experts and consultants, technical backstopping by the UNFPA Country Support Team (CST), procurement of equipment and supplies, training abroad, the umbrella project and programme support.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

6. Social and economic conditions. During the 1980s, the country passed through severe economic difficulties, and economic growth has not kept pace with population growth: the annual growth rates of the gross domestic product (GDP) averaged only about 2.5 per cent as compared to about 3.5 per cent growth in the population each year. This high population growth, in addition to having an overall adverse impact on the quality of life for the individual, has also had serious economic repercussions. Indeed, despite a near-doubling in the total size of the labour force (2.1 million in 1981 to 4.1 million in 1994), the overall economic activity rate remained low at 29 per cent. This low activity rate is attributable to the young age-structure of the population and the low level of female participation. Though not gauged accurately, open unemployment, disguised unemployment and the growth of submarginal urban and informal sectors are becoming causes for concern.

7. The total numbers of students enrolled in primary, intermediate and secondary schools jumped from about 1.6 million in 1974 to 2.5 million in 1984 and to 3.4 million in 1993. The gross public sector expenditures for pre-university education have risen by an average annual increment of about 15 per cent. Concomitantly, the number of primary, intermediate and secondary school teachers has soared from 43,237 to 154,000, an average annual increase of nearly 7 per cent.

8. Recent data indicate that fertility transition has started in the Syrian Arab Republic. The contraceptive prevalence rate was 39.6 per cent in 1993. The total fertility rate has declined to 4.7 children per woman for the period 1988-1992, representing a sharp decline of 37 per cent from its registered level of 7.5 children per woman during the period 1978-1982. The total population in 1994 reached 13.8 million, growing at a rate of 3.3 per cent a year. The percentage of children below age 15 dropped from 48 per cent in 1970-1981 to 42.2 per cent according to the 1993 survey of the Pan-Arab Project for Child Development (PAPCHILD). Similarly, the infant mortality rate declined from around 107 per 1,000 live births in 1965-1970 to 39 per 1,000 live births in 1990-1995. The maternal mortality rate, though it remains high, has also registered a sharp decline from 280 per 100,000 live births in the 1980s to 143 per 100,000 in the early 1990s. The mean age at first marriage for women has increased from 21 to 24.5 years of age during the period 1973-1993. Equally important is the significant drop in the rate of illiteracy for women 10 years and over: from 55.1 per cent in 1981 to 30.6 per cent in 1993.

9. Wide differences in fertility and family planning levels were observed among geographic areas and socio-economic groups. The estimated total fertility rate in urban areas was 3.6 compared to 5.1 in rural areas and was 5.3 for illiterate women in contrast to 2.6 for those who had completed secondary school. A higher contraceptive prevalence rate was observed for urban women (49.2 per cent) compared to that for rural women (27.4 per cent).

The continuous rise in the age at first marriage, the greater use of contraceptives, and the commitment to meeting the high level of unmet demand for family planning will contribute to further declines in fertility levels.

10. Gender equity and equality and the empowerment of women. Women are accorded equal rights with men under the Permanent Constitution of 1973. Article 25 stipulates that all citizens are equal in rights and duties under the law, while article 45 stipulates that the State guarantees women all the opportunities to enable them to contribute fully and effectively to political, social, cultural and economic life and that the State should work to remove restrictions that prevent the advancement of women and their participation in building national society. The law also considers any violence against women as a crime. However, there is an acute need for informing women of their rights and for reinforcing the application of these laws. Family law is governed by the Shariah, traditional Muslim law, concerning marriage, divorce, custody of children and inheritance.

11. The minimum legal age for marriage is 17 for females and 18 for males. The mean age at first marriage for women has increased from 21 years in 1973 to 24.5 in 1993. The tendency for early marriage for women (before or at age 15), which is associated with higher fertility levels, has decreased but has not disappeared.

12. Marriage among relatives is frequent in the Syrian Arab Republic. One in every three women was married to a cousin of the first degree (44 per cent among illiterate women but only 20 per cent among women who had completed secondary or higher education). Marriage among relatives presents higher health risks for children, and a national campaign has been launched to raise awareness about this practice.

13. In 1981, there were 13 women in Parliament, representing 6.6 per cent of the total. In 1994, this had risen to 24 women, representing 9.6 per cent of the total. There are two women ministers, the Minister of Culture and the Minister of Higher Education, and a woman has been appointed as deputy to the Minister of Health. The number of women directors in various ministries is, however, very small (less than 3 per cent), except in the Ministries of Education, Culture and Social Affairs.

14. Compulsory education for girls and boys up to grade 6 was introduced in 1981. The Government is presently considering raising compulsory education to the 9th grade. Free education at all levels including university has benefited girls and women over the last two decades. Major progress has been achieved in adult literacy since the adoption of the literacy law in 1972. The rate of illiteracy for women 10 years and over dropped from 55.1 per cent in 1981 to 30.6 per cent in 1993, compared to a drop in the male illiteracy rate from 22.1 per cent to 11.2 per cent for the same period.

15. Reproductive health. The Ministry of Health (MOH) is the lead national organization in providing preventive and curative health services, including the provision of such services for women and children, through the 959 primary health care facilities that are distributed across the country's administrative subdivisions. Services are also provided through 26 university hospitals, military hospitals and MOH Governorate hospitals. Among other nationwide organizations, the General Federation of Labour Unions, the General Union of Women, the Syrian Red Crescent, as well as UNRWA and some benevolent organizations also operate health facilities. The clinics

operated by the Syrian Family Planning Association, the International Planned Parenthood Foundation (IPPF) affiliate, total 15. The health system is characterized by the wide disparities in coverage and quality of services between rural and urban areas and, within provinces, between one district and the other. These disparities include the overall conditions of health facilities as well as variations in distribution of staff.

16. Private sector clinics and pharmacies exist in urban and, to a much lesser extent, rural areas. According to the 1993 PAPCHILD survey, the private sector accounted for 41 per cent of the sterilizations and insertions of intra-uterine devices (IUDs) performed in urban areas, almost the same extent as the public sector, which accounted for 42 per cent of these services. In rural areas, however, the private sector has played a smaller role, accounting for only 3 per cent of these services.

17. UNFPA-supported information, education and communication (IEC) projects have contributed to creating a high level of knowledge about contraceptives. The PAPCHILD survey showed that 91.8 per cent of married women knew about the pill, and 89.0 per cent were aware of IUDs. Overall, 92.6 per cent of married women knew at least one modern family planning method, and 84.0 per cent had positive attitudes about family planning. Among those who were not using family planning, 42 per cent did not plan to have more children. Unmet demand is estimated, on the basis of PAPCHILD data, at around 18 per cent, meaning that 18 per cent of women would have used family planning services if these were accessible or acceptable to them.

18. The Study on Delivery of Basic Services in the Syrian Arab Republic (1995) indicated that 24 per cent of pregnant women admitted in 147 maternity service centres were diagnosed with high risk delivery and/or pregnancy complications. In decreasing order, the causes for these high risks or complications were abortion (52 per cent), haemorrhage, sepsis, ruptured uterus, obstructed labour and toxemia.

19. The recognition for the need to address the transmission of STDs, including HIV/AIDS, has led to the establishment of a special department at the level of the Primary Health Care Directorate as well as the creation of a National Committee on AIDS. At present, the activities are centred around IEC. There is a plan to add services for specific age groups and individuals exposed to high mobility and to meet the increased demand created for counseling on safe sexual behaviour and on the use of condoms.

20. Integration of population in development planning. Since 1986, the Syrian Arab Republic has undertaken several steps to formulate an explicit and comprehensive population policy that was to be integrated into national and sub-national development policies and strategies. These steps entailed gradual improvements in both the institutional and substantive dimensions of its policy formulation process. The current Permanent Population Committee (PPC) was established to improve the efficiency of the role of the State Planning Commission in coordinating population programmes, to initiate and monitor population policy development, and to ensure and oversee policy implementation and the integration of population factors into socio-economic development. The expressed need underlying the government endeavour to develop this policy stems from the fact that adverse pressures clearly associated with rapid population growth are becoming increasingly apparent in terms of both individual welfare and societal development.

III. LESSONS LEARNED

21. UNFPA has been a partner with the Government of the Syrian Arab Republic in the area of population and development since 1971 when it provided support for the population census in that year. Four UNFPA country programmes have been implemented in the Syrian Arab Republic. The first country programme (1976-1980) was in the amount of $3.0 million, the second one (1981-1985) totaled $3.0 million; the third programme (1986-1989) was approved in the amount of $4 million, of which $3.2 million came from UNFPA regular resources and $800,000 was contributed by the Government of the Syrian Arab Republic. The previous, fourth, programme (1990-1994) was approved in the amount of $10.0 million. It was extended through 1995 in order to harmonize the programme with the programmes of UNFPA's partners in the Joint Consultative Group on Policy (JCGP) and with the National Development Plan. This programme was increased by an additional $1.0 million of trust funds from the Government of the Syrian Arab Republic, and $250,000 in trust funds from the European Union.

22. Except for modest contributions from the IPPF to the Syrian Family Planning Association and one from the European Union to the Government through UNFPA, UNFPA remains the only source of external assistance for population activities in the country. Committed to addressing its population issues, the Government of the Syrian Arab Republic provides monetary support in the form of trust funds to UNFPA to augment the population programmes. This is in addition to in-kind contributions in the form of salaries, premises and other running costs.

23. UNFPA's fourth comprehensive population programme realized its quantifiable demographic and health goals and objectives. Important results were achieved in reducing the maternal mortality rate, the infant mortality rate, the female illiteracy rate, the crude death rate, and the total fertility rate and in adjusting the age distribution of the population. Equally important results were achieved in increasing the contraceptive prevalence rate, life expectancy at birth, and the mean age at first marriage for women. These have been detailed in the appropriate sections of the background above.

24. These achievements were realized through a number of strategic interventions that have led to improved coordination, particularly between maternal and child health and family planning (MCH/FP) and IEC projects, enhanced national execution and absorptive capacity; and an increasingly favourable political climate and greater acceptance of family planning by the people.

25. The previous programme presented a major challenge to UNFPA's field office and to the national institutions involved. It initiated many new activities while building on previous achievements. Advocacy and communication through mass media, including newspaper articles, public debate, soap operas, television and talk shows were introduced by the programme to augment population education. For the first time, IEC activities were specifically addressed to youth and provided them with population and sex education. MCH/FP projects included new activities in the areas of logistics, involvement of private physicians, management information systems and health education. A wider choice of contraceptives was introduced. Policy research and formulation were also introduced. Training on gender analysis for population and development was carried out both locally and abroad.

26. Inter-agency collaboration at both the programme and project levels was taken advantage of by the Government. For example, UNFPA- and UNDP-funded projects in the area of data collection are designed to complement each other. Similarly, complementarities between the inputs of UNFPA, WHO and UNICEF at the primary health care level have proven to be effective. In line with the Country Strategy Note, arrangements for collaboration between United Nations organizations in the area of reproductive health have been agreed to by the heads of the three organizations resident in the Syrian Arab Republic and by representatives of the Ministry of Health and the State Planning Commission.

27. Invaluable lessons for further improvements were also learned during the previous programme. For IEC to be more effective, there is a need for a comprehensive IEC strategy that incorporates the findings of sociocultural studies, targets men and youth and addresses issues of gender equity and equality and the empowerment of women. In the area of reproductive health there is a need to expand geographic coverage and the range of services offered and to improve the quality of services to render them more responsive to the needs of men and women, including youth. Experiments that proved useful in involving the private sector in service delivery and in the community-based distribution of contraceptives, particularly by traditional birth attendants, need to be generalized. Moreover, there is an acute need for improved programme design, management, monitoring and impact assessment, including the articulation of indicators and measurements.

Other external assistance

28. UNFPA is the only source of external assistance in the area of population. The IPPF provides the Syrian Family Planning Association with modest contributions annually. For the period 1990-1995 the total contribution from IPPF amounted to $1.75 million in cash and commodities. The European Union contributed $250,000 through UNFPA in support of the national family planning programme. More recently, the European Union has agreed to channel $1.75 million through UNFPA in support of the reproductive health programme in order to help improve the quality of care offered. This amount is programmed under the European Union's 1996-2000 proposed country programme. The Japan International Cooperation Agency (JICA) supported the health sector in 1994 by providing 93 ambulances as well as magnetic resonance equipment. JICA has indicated interest in supporting reproductive health activities provided that the Government of the Syrian Arab Republic requests such support.

29. The total amount allocated by WHO for the biennium 1994-1995 was $2.64 million, primarily for efforts to strengthen the primary health care system. WHO is also the technical executing agency for UNFPA projects in the area of reproductive health. UNICEF's programme of cooperation totaled $5 million for the years 1991-1995. The programme was broadly aimed at building a strong basis for the achievement of the major national health, nutrition and education goals by the end of decade. The 1996-2000 country programme, which was approved for $10.0 million, will emphasize the promotion of primary health care reform. In view of similar areas of concern between UNFPA and UNICEF, close cooperation and complementarity of efforts have been ensured in the forthcoming programme cycle.

IV. PROPOSED PROGRAMME 1996-2000

30. The proposed programme supports the Government's efforts to achieve the following objectives in the area of reproductive health: (a) reducing maternal mortality from 143 to 75 per 100,000 live births by 2015 and infant mortality from 32 to 20 per 1,000 live births by 2015 as well as reducing maternal morbidity by expanding the coverage and improving the quality of reproductive health services; (b) harmonizing the population growth rate with the country's economic capabilities by reducing the population growth rate from 3.3 per cent a year in 1995 to 2.5 per cent a year in 2015 by increasing the contraceptive prevalence rate from 40 per cent to 64 per cent by 2015 and by widening the availability and accessibility of varied choices of modern contraceptive methods; (c) increasing the efficiency of population IEC and advocacy; (d) articulating, implementing and monitoring a comprehensive and dynamic population policy; and (e) raising female economic activity from 16.6 per cent in 1995 to 26 per cent in 2015, and reducing female illiteracy from 31 per cent in 1993 to 13 per cent by the year 2015. The proposed programme would also support activities to combat the spread of HIV/AIDS, integrate population variables into development planning, and create awareness of the interactions between population and the environment. Gender issues would be addressed in all programme activities.

31. The proposed programme is heavily oriented towards reproductive health activities. Approximately $13.5 million, or about 75 per cent of programme resources, would be used to assist the Government in expanding the scope and coverage of reproductive health services; improving the quality of services; improving the knowledge and attitudes of both service providers and clients (men, women and youth); satisfying unmet demand; improving the planning, monitoring and evaluation skills of service managers; improving the monitoring systems and enhancing national capability in reproductive health training. IEC and gender activities will be integrated into reproductive health services. The second component of the proposed country programme is for policy formulation, implementation and monitoring at an estimated amount of $2.5 million. Advocacy activities constitute the third component of the proposed programme, with $1.0 million being earmarked for this component. Support would be provided for national programme support staff to assist national execution in coordination, implementation and monitoring activities. In order to facilitate the role of NGOs and popular organizations in programme design and implementation, $5.0 million from UNFPA regular resources would be earmarked for NGOs.

Programme strategy

32. The PRSD mission recommended overall and area-specific population programme strategies. The overall strategies aim at building the national capability and capacity to plan, implement and monitor population policies and programmes. They emphasize strong partnership between the Government, NGOs and popular organizations, and the private sector. They also emphasize continuous transfer of know-how and the building of the capacity for national execution, including the ability of the Government to coordinate international population assistance.

Reproductive health

33. In supporting activities in the area of reproductive health, UNFPA would focus on strengthening the coordination and policy base for reproductive health activities; developing the management capabilities of service managers at both the central and provincial levels; training health care personnel to respond to a holistic reproductive health approach; strengthening the logistics and supply systems, expanding the coverage, quality and range of reproductive health services, with emphasis on underserved areas; addressing access issues, including the needs of youth and men; establishing a viable referral system, improving the quality of services, including counseling skills; strengthening management information systems, including data collection, analysis and utilization, encouraging operations research and the development of an information base, particularly on women's morbidity; developing an effective IEC strategy; and addressing gender equity and equality and the empowerment of women

34. In the area of reproductive health, UNFPA would provide support to the Department of Reproductive Health and Family Planning at the Ministry of Health, the Syrian Family Planning Association, the Youth Union, the Labour Union, and the General Women's Union. UNFPA would endeavour to strengthen the coordination between these entities as well as between the central, provincial and local levels of the organizations' themselves. UNFPA support would be limited to the primary health care system except for family planning activities, which would be carried out at all levels of the health care system.

35. Specifically, UNFPA would provide support to the Ministry of Health in the transfer of know-how through training abroad and the in-service training of the primary health care medical and paramedical staff. It would assist in harmonizing the pre-service and in-service training curricula for all categories of primary health care professionals and incorporate reproductive health concepts and counseling skills in training and teaching curricula. Special emphasis would be placed on training of traditional birth attendants on safe delivery skills and family planning. Similarly, UNFPA would provide assistance in contraceptive procurement, storage and distribution in order to ensure nationwide availability of a good quality and affordable mix of contraceptives. UNFPA support would also include medical equipment for basic maternal health and for safe deliveries as well as training in obstetrics emergency care. The provision of mini-laboratories for the diagnosis of common genital infections and the training of staff on the detection, treatment and referral of STDs would be supported at the primary health care level. Assistance would also be given to first degree referral centres to help them deal with deliveries, reproductive tract infections and infertility. Similarly, UNFPA would help strengthen management systems and the research base relating to the quality of services.

36. UNFPA would assist the Syrian Family Planning Association in the areas of social marketing and the community-based distribution of contraceptives. The Fund would provide support to the Women's Union for incorporating reproductive health services at its 15 clinics and endeavour to expand the network of these clinics and link them to the community through volunteer field workers. Health training of this cadre would be undertaken by the Ministry of Health. The cadre would also receive training in social communication and counseling. UNFPA would also support the Youth Union, particularly in sex education, social communication, counseling, referral of cases of STDs, and gender concerns relevant to the needs of youth. Labour Union clinics

would be equipped for providing reproductive health services and for training staff in the provision of quality services and counseling, particularly for men.

37. UNFPA would assist the medical schools at the country's universities in incorporating reproductive health studies in their curricula and in providing practical training, as well as for conducting operations research. Innovative approaches for involving the private sector in reproductive health activities would be supported.

38. Information, education and communication in support of reproductive health. UNFPA would provide funding to the Ministry of Health's IEC Unit in developing an IEC strategy in support of national reproductive health objectives, including the prevention of STDs and HIV/AIDS. UNFPA would support the IEC Unit in the conceptualization, design and production of quality audio-visual training, educational and motivational materials for reproductive health personnel and clients. Support would be made available for training of health service providers and educators on gender concerns and for counseling and social communication activities aimed at enlisting the cooperation of men and youth in the reproductive health programme.

39. The Fund would also assist the Ministry of Education in incorporating family life education and gender issues into curricula, including promoting attitudes of mutual respect, and especially among boys towards women and girls from the earliest age at school. Similar support would be considered for incorporating family life education and gender issues into the literacy programme offered by the Ministry of Culture. Assistance would be given to further strengthen the Population Information Department at the Ministry of Information for messages concerning reproductive health and gender issues through the mass media. Emphasis would be placed on changing the attitudes of men and youth with respect to reproductive health services and gender issues. The role of NGOs and popular organizations in IEC and sex education would be strengthened.

Population and development strategies

40. UNFPA would support the efforts of the State Planning Commission to finalize a comprehensive, integrated and multisectoral national population policy with qualitative and quantitative goals and would aid in its implementation and monitoring. To this effect, assistance would be made available to widening and fostering the participation of various groups including legislators, women groups, and governmental and non-governmental organizations in the policy dialogue. Support would be given to strengthen the capabilities of the Permanent Population Committee by establishing a full-time technical secretariat to assist the Advisory Technical Committee in undertaking policy research and the monitoring and evaluation of policy implementation. Similarly, UNFPA would support the State Planning Commission in integrating population variables into development planning at the national, sectoral and regional levels as well as in the coordination and monitoring of the population programme.

41. The Fund would assist the Central Bureau of Statistics, the Ministry of Interior and the Ministry of Health in collecting, analysing and disseminating population data, including reproductive health and gender indicators.

These activities would be guided by a comprehensive management information system. UNFPA would also support population and development training and research in universities.

Advocacy

42. UNFPA would support the advocacy role played by the Ministry of Health, the Association of Obstetrics and Gynaecological Doctors, the Permanent Population and Environment Committee in Parliament, and NGOs and popular organizations, particularly the Labour Union, the Youth Union and the Women's Union, with respect to reproductive health and gender issues. To this effect, assistance would be given to the conceptualization, articulation and promotion of population messages to be disseminated through face-to-face and inter-personal communication, weekly television and radio programmes, newspapers and seminars. The purpose of these activities would be to create public debate and a favourable environment for demanding quality reproductive health services and for ensuring gender equity and equality and the empowerment of women. The Fund would promote sociocultural studies and research in Islamic theology supporting the rights of individuals to quality reproductive health services. Journalists, members of editorial boards and influential communicators would be sensitized on gender issues.

Programme implementation, monitoring and evaluation

43. All phases of programme development would be carried out with community and NGO participation, in particular the Women's and Youth Unions. In addition, gender issues would be taken into full consideration in the formulation, implementation and evaluation of the programme. National execution by the Government and NGOs would be promoted. Technical backstopping would be sought by Syrian nationals first and foremost. The UNFPA Country Support Team (CST) in Amman would provide substantive support as requested. The monitoring of the programme would be the responsibility of the UNFPA Representative with the support of the local field office staff and the programme support staff. The monitoring and evaluation activities of the programme would take place in accordance with standard UNFPA guidelines. Special attention would be given to the inclusion of both quantitative and qualitative indicators during the formulation of programme activities. The Fund would undertake a mid-term programme review at the beginning of the third year of the programme.

Programme coordination

44. The State Planning Commission is mandated with coordinating international technical cooperation. It is expected that in addition to UNFPA, the following agencies would be providing assistance in the area of reproductive health and related IEC activities in coordination with UNFPA: WHO, UNICEF, the European Union, JICA and the IPPF. UNFPA would play a leading role in assisting the State Planning Commission in coordinating bilateral and multi-bilateral technical assistance in the field of population as proposed in the Country Strategy Note

Financial summary

45. As indicated in paragraph 1, UNFPA proposes to provide assistance to the Government of the Syrian Arab Republic for the period 1996-2000 in the amount of $18.0 million, of which $13.0 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5.0 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources and cost-sharing arrangements with the Government of the Syrian Arab Republic. The table below shows how the programme would accommodate this level of funding.

Sector	Regular resources ($)	Other resources ($)	Total resources ($)
Reproductive health	10,000,000	3,500,000	13,500,000
Population and development strategies	1,000,000	1,500,000	2,500,000
Advocacy	1,000,000	-	1,000,000
Umbrella and programme support	1,000,000	-	1,000,000
TOTAL	13,000,000	5,000,000	18,000,000

V. RECOMMENDATION

46. The Executive Director recommends that the Executive Board approve the programme for the Syrian Arab Republic as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.